



## MONTANA STATE PRISON HEALTH SERVICES OPERATIONAL PROCEDURE

Procedure No.: MSP HS B-01.4	Subject: <b>DISEASE PREVENTION – TB CONTROL PLAN</b>
Reference: NCCHC Standard P-B-01, 2014	Page 1 of 6 and 2 attachments
Effective Date: November 1, 2010	Revised: June 1, 2017
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### I. PURPOSE

Ensure that transmission of tuberculosis infection (TB) does not occur or is minimized through surveillance and containment activities and to provide appropriate care to infected inmates.

### II. DEFINITION

Assessment – monitoring and evaluating the surveillance and containment activities.

Containment – management of persons who have active tuberculosis to prevent the transmission of tuberculosis as well as inmates and staff who have recently converted from negative to positive screening tests.

Education – providing information to staff and inmates regarding tuberculosis.

Screening and Surveillance – identifying and reporting of active tuberculosis as well as inmates and staff who have recently converted from negative to positive screening tests.

### III. PROCEDURE

#### A. General Requirements

1. Montana State Prison will have a TB infection control plan. The MSP Infection Control Committee is a designated team of staff responsible for the following TB infection control program throughout MSP:
  - a. screening and surveillance, this includes identifying and reporting of active tuberculosis as well as inmates and staff who have recently converted from negative to positive screening tests;
  - b. Containment and management of persons who have active tuberculosis to prevent the transmission of tuberculosis as well as inmates and staff who have recently converted from negative to positive screening tests;
  - c. the assessment will include the monitoring and evaluating the surveillance and containment activities; and
  - d. the education will provide information to staff and inmates regarding tuberculosis.
2. Screening and Surveillance procedures are aimed at identifying those inmates who have active TB, LTBI or at high risk for future development of active TB. These inmates will then be offered regimes to treat either active or latent disease and minimize the risk of transmission throughout MSP.
3. This procedure is subject to variance, based on Centers for Disease Control and MT Department of Health and Human Services Guidelines for the Detection, Control and Treatment of Tuberculosis, as well as MT Department of Corrections Policies. Any variance will be documented in the inmate's medical record and should include a narrative describing the nature of the variance and clinical, procedural, and administrative reasons for that variance.

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## **B. Screening Methods**

1. initial Intake Screening is as follows:
  - a. symptom Assessment is designed to identify key signs and symptoms that the inmate may have which indicate previous or current TB. These include:
    - 1) productive, prolonged cough;
    - 2) coughing up blood;
    - 3) weight loss;
    - 4) loss of appetite;
    - 5) fever;
    - 6) chills;
    - 7) night sweats;
    - 8) fatigue and/or malaise; and
    - 9) recent exposure to anyone with TB.
2. Inmates identified with the above symptoms should be placed in a surgical mask immediately and referred to a health care provider (HCP) for further evaluation as soon as possible. It should be noted that these symptoms are common with other medical conditions and do not constitute a diagnosis of tuberculosis. Additionally, the following evaluation should include the following diagnostic tests:
  - a. IGRA Blood Test (QuantiFERON-TB Gold test)
  - b. Chest X-Ray (PA/Lat);
  - c. Blood Tests: CBC, C Reactive Protein (CRP), Complete Metabolic Panel (CMP), HIV and Hepatitis C screening; and
  - d. Induced Sputum Smears for Acid Fast Bacilli (AFB) and AFB Cultures.
3. Upon clinical evaluation by a HCP, the inmate may be placed on medication until confirmatory testing is complete. The inmate may also remain in respiratory isolation until such time as he is determined to be non-infectious.
4. The HCP is encouraged to consult with the State Medical Director, Montana Public Health Department and other local authorities to determine whether other diagnostic and treatment modalities are applicable.
5. IGRA Blood Testing is required by all incoming inmates with or without a documented positive Mantoux IPPD test or treatment for a documented positive IPPD, LTBI or active TB infection. A history of BCG (Bacille Calmette-Guerin) vaccination is not a contraindication for receiving an IGR A Blood Test. Inmates reporting the above positive reactions or a necrotic or allergic reaction to an IPPD will be interviewed and evaluated by a HCP. Inmates refusing an IGRA Blood Test will likewise be interviewed by a HCP.
6. All inmates with positive IGRA Blood Test will be referred to a HCP within 7 days.
7. Documentation will be made in the appropriate area of the Receiving Screening form.
8. Annual Screening will be performed on all inmates utilizing the DOC Clinical Services Division Tuberculosis Screening Form for Offenders.

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### C. Containment

1. The Health Care Provider (HCP) is responsible for full evaluation and treatment of inmates who either present with signs and symptoms of active TB infection or LTBI. As outlined in the above intake screening section, a thorough history (symptom assessment) along with diagnostic testing is performed. It includes but is not limited to the tests outlined above.
  - a. consultation with the Department of Corrections Medical Director and Montana State Department of Public Health and Human Services (DPHHS), Tuberculosis Program is recommended. In all SUSPECTED cases of TB, the HCP will contact the DOC Medical Director and DPHHS;
  - b. if an active case is confirmed at MSP, a Tuberculosis Information Exchange for Active Cases report form, which is mailed to MSP by the State TB Program Office each calendar quarter, will be completed and submitted to the State TB Program Office, for active case tracking and follow-up purposes;
  - c. a treatment regime will be developed on a case-by-case basis in consultation with the DOC Medical Director and State TB Program Coordinator to ensure full compliance with accepted standards of medical practice and State and Federal Medical Guidelines for the Prevention and Treatment of Tuberculosis;
  - d. if an inmate is to be released from MSP prior to completing treatment or preventative therapy, the State TB Program Office must be notified as far in advance as possible to ensure continued adherence with therapy. This may include transfer to an appropriate medical facility where respiratory isolation can be maintained until the risk of minimal infectivity can be determined; and
  - e. before release or transfer of an inmate on DOT for treatment of TB disease, provisions will be made for the local health department or receiving facility to oversee continued adherence and to ensure the timely completion of therapy. Notification will also be given to the State TB Program manager to ensure coordination of TB care for the inmate upon release, with as much advance notice as possible.
2. Respiratory Isolation will be guided by *DOC Policy 4.5.11, Infection Control Plan*. Appropriate personal protective devices will be used until the patient is considered non-infectious:
  - a. in general, inmates who have or who are suspected of having active pulmonary or laryngeal TB should be considered infectious if they are coughing, undergoing cough-inducing or aerosol-generating procedures, or their sputum smears contain AFB, and they are not receiving therapy, have just started therapy, or have a poor clinical or bacteriological response to therapy;
  - b. inmates who have suspected or confirmed pulmonary or laryngeal TB disease will be immediately placed in TB isolation in infirmary. In the event the negative pressure room/s in the infirmary are non-functional the inmate will be transfer to an outside medical facility with a negative pressure room. The inmate must remain isolated until infectiousness is ruled out;
  - c. LTBI, undergoing prophylactic treatment, are not considered infectious and do not require isolation;
  - d. inmates suspected of having active pulmonary or laryngeal TB can be placed in a negative pressure isolation room; and

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- e. an inmate may be released from respiratory isolation when they are considered non-infectious, according to the following criteria:
  - 1) they have received adequate therapy for 2 to 3 weeks;
  - 2) they have a favorable clinical response to therapy;
  - 3) they have three consecutive negative sputum smear results from sputum collected on different days; and
  - 4) other diagnostic modalities show minimal risk for infectivity, especially when in consultation with the DOC Medical Director and State TB Program Coordinator.
3. Continuity of Care in the treatment of patients with active but not infectious TB and prophylaxis of LTBI is ensured through cooperative efforts of the MSP medical staff:
  - a. once inmates are considered non-infectious, they may be required to continue medical treatment after they are released from the infirmary. Additionally, those patients who do not demonstrate active disease but have positive IGRA Blood Test (*ie.* LTBI), require 6-9 month treatment;
  - b. treatment will be continued on an outpatient basis:
    - 1) mandatory attendance by the inmates at directly observed therapy which may be placed in Self administration pill box in the unit for all outpatient TB treatment is required;
    - 2) nursing staff will report any failure for the inmate to take TB medication as prescribed to the infection control nurse and/or HCP;
    - 3) the HCP will see the inmate as soon as possible to counsel the patient on the importance of completing the prescribed regime;
    - 4) failure on the part of the inmate to continue treatment will be discussed with the DOC Medical Director for further action, including isolation from the general population and possible disciplinary action; and
    - 5) inmates for whom TB preventive therapy is recommended but who refuse or are unable to complete a recommended course of therapy will be counseled to seek prompt medical attention if signs or symptoms suggestive of TB develop. Screening for symptoms of tuberculosis will be completed and recorded annually. Routine periodic chest radiographs will not be done in the absence of symptoms. Chest radiographs will be taken if symptoms develop, especially a persistent cough.
  - c. HCP's will monitor their patients at least once a month until treatment is completed:
    - 1) this includes an appropriate symptom assessment, physical examination and diagnostic testing;
    - 2) many anti-tubercular drugs have significant side effects including peripheral neuropathy and hepatotoxicity; and
    - 3) any sign of deterioration of the patient's condition warrants full evaluation to see if an active TB infection has developed.

#### **D. Annual Screening – Employees**

1. The NCCHC recommends that all correctional employees should be tested/screened for TB initially and annually as a condition of employment. The AFL-CIO states in their fact sheet on Tuberculosis that the spread of TB can be prevented through "*screening programs to identify contagious individuals in hospitals, long-term care facilities, prisons, and other institutions. Identification of TB cases is made through medical examinations, skin tests, and laboratory tests.*"
2. All employees will receive two step Mantoux (IPPD) TB skin test on employment.

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3. Tuberculosis screening is required for continued employment with Montana State Prison due to the health care concerns it raises. Mandatory tuberculosis screening is free to the employee. Mandatory screening of all MSP employees will occur annually en masse. Further testing may be recommended to be done based on screening criteria.
  - a. The DOC Clinical Services Division Annual Tuberculosis Screening Form for Staff will be reviewed by the infection control nurse who will review information reported and make recommendations for further testing or Chest Xray based on screening criteria. The further testing may include Mantoux skin test, IGRA blood test or chest xray.
  - b. Employees who refuse to voluntarily submit Annual TB surveillance Form or further testing shall be counseled by a licensed health care provider.
    - i. If the employee continues to refuses to complete an Annual TB surveillance form or complete further testing the employee shall have 72 hours to provide documentation of the required further testing or agree to be tested within the Department of Corrections.
    - ii. If the employee fails to comply with a mandatory screening/testing program, the appropriate union, if applicable, will be notified that the employee poses a potential threat to the health and safety of the work environment.
    - iii. Refusal to participate in any mandated screening or testing will be, at a minimum, considered insubordination or noncompliance. and will subject the employee to disciplinary action (one to three-day suspension).
    - iv. If the test or required documentation is not submitted within 10 days of the suspension, the suspension will be changed to a termination from employment for insubordination.
    - v. Montana State Prison will provide adequate information in order that an employee may make an informed decision. Every effort shall be made to supply the employee with information to afford voluntary participation in this screening program.

#### **E. Continuous Quality Improvement**

1. Health care staff involved in annual testing will complete the DOC Clinical Services Division Tuberculosis Screening form for Staff and the DOC Clinical Services Division Tuberculosis Screening form for Offenders. These forms will then be turned in to the infection control nurse(offenders) or personnel(staff), along with the names of inmates and employees who did not compete the annual TB surveillance form. The purpose of this form will be to monitor for TB within the facility and to improve the process of TB surveillance.

#### **IV. CLOSING**

Questions concerning this operational procedure will be directed to the Health Services Manager.

#### **V. ATTACHMENT**

DOC clinical Services Division Tuberculosis Screening form for Offenders  
 DOC clinical Services Division Tuberculosis Screening form for Staff

attachment A  
 attachment B

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